

**Little Tikes Daycare
Enrollment Form**

Child's Name _____ Date of Birth ___/___/___

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Address _____ Phone _____

Parent #1 _____ Parent # _____

Home phone: _____ Home phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Work: _____ Work: _____

Work Phone: _____ Work Phone: _____

Start Date ___/___/___

Arrival Time: _____ Departure: _____

Days of the Week: M T W TH F

Transportation: Yes or No

Tuition will be \$ _____ Every Friday, unless prior arrangements have been made.

Signed _____ Date _____

(Parent Signature)

Signed _____ Date _____

(Provider Signature)

